

DIOCESE OF MARQUETTE CATHOLIC SCHOOLS
STUDENT REGISTRATION FORM

School Year _____

Parent/Guardian Name: (LAST) _____ (FATHER) _____ (MOTHER) _____

List Parent Religion Below Name: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____ Cell Phone: _____

Children live with: _____ Mother _____ Father _____ Both _____ Other (explain): _____

If separated or divorced, should school information be sent to non-custodial parent? _____

Name & address of parent not living with child: _____

Does the other parent, if separated or divorced, have visitation rights? _____

CHILD(REN) BEING ENROLLED:

<u>Name (First)</u>	<u>Name (Last)</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Next Year's Grade</u>	<u>School</u>	<u>Race</u>

If child is registered for kindergarten, which session is preferred? Full-Day Half-Day (if offered)

Registered Parish Member Of: _____

New Student Only – Name/address of previous school: _____

** If new to the Diocese of Marquette, please provide copies of baptismal, first Eucharist, or first penance records **

In the event of emergency, do we have permission to contact your family doctor? _____

Physician Name _____ Phone _____

In the event we cannot reach a parent, list several emergency contacts:

Name _____	(Relationship) _____	Phone _____
Name _____	(Relationship) _____	Phone _____
Name _____	(Relationship) _____	Phone _____

Mother's Employer _____ Occupation _____ Phone _____

Father's Employer _____ Occupation _____ Phone _____

Please list any significant health problems (i.e., allergies, medicated conditions) we should be aware of:

Name _____ Concern _____

Name _____ Concern _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____